

14. Has any motor vehicle damage appraiser license or any insurance license applied for by you ever been refused, suspended or revoked by this or any other state? Yes _____ No _____

If yes, please attach details.

15. Have you ever been convicted of, or arrested or prosecuted for any crime or offense against the laws of this or any other state or country or pleaded nolo to any indictment or complaint for any such crime or offense, or been placed upon probation thereof, or is there pending against you any indictment, information, complaint or proceeding for a violation of such laws? If yes please give full details, giving the date of conviction or plea of nolo, the name and the location of the court in which the indictment, etc. is pending, the plea made or the conviction was rendered, the exact name of the offense charged and the penalty imposed.

16. State four (4) reasons the Board may suspend or revoke a Motor Vehicle Damage Appraiser license.

- A) _____
- B) _____
- C) _____
- D) _____

17. I have read and I am familiar with the insurance laws of Massachusetts with regard to Motor Vehicle Damage Appraisers and the penalties imposed for violations of said laws. Yes _____ No _____

18. I am the applicant named in this application and the photograph attached hereto is my likeness.

19. I HEREBY VERIFY THE FORGOING STATEMENTS AND DECLARE THAT THEY WERE MADE UNDER THE PENALTIES OF PERJURY.

Dated at _____ this _____ day of _____

Applicant

Attach one Photograph
2" x 2" taken within one
year of date of application
and sign across the front of
the photograph.

DO NOT SEND SNAPSHOTS

NOTE: ANY WILLFULLY FALSE STATEMENT IN THIS APPLICATION IS PUNISHABLE AS PERJURY UNDER MASS. GEN. LAWS, C. 268.

20. We, the three (3) undersigned, citizens of Massachusetts, hereby severally state that we are personally acquainted with the above-named applicant and that we believe him/her to be trustworthy and competent to act as a Motor Vehicle Damage Appraiser. We also agree to furnish to the Auto Damage Appraiser Licensing Board with any additional information on the applicant if requested.

ORIGINAL SIGNATURE REQUIRED – ALSO PRINT LAST NAME

Signature _____ Printed Name _____ Address _____

